

FORM
HW-2
(REV. 1997)

STATE OF HAWAII — DEPARTMENT OF TAXATION
STATEMENT OF HAWAII INCOME TAX WITHHELD
AND WAGES PAID

CALENDAR
YEAR

1997

COPY A — For Hawaii State Tax Collector

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

		<input type="checkbox"/> Corrected
Total Wages (Before Payroll Deductions) 1997	Hawaii Income Tax Withheld	Payments Not included in Total Wages \$
\$	\$	(Indicate Nature of Payment)
EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number		EMPLOYER: See Instructions on reverse side.
		FORM HW-2

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TO EMPLOYER:

1. Prepare this form for each employee to whom wages have been paid.
2. Fill in —
 - (a) The employee's name, address, ZIP code and social security number.
 - (b) Total wages subject to withholding, or paid to blind, deaf, or totally disabled persons.
 - (c) Amount of income tax deducted and withheld. If no amount was deducted and withheld, enter "none" or "0".
 - (d) Amount of payment not included in "Total Wages" as to which information is required. (See Booklet A — Employer's Tax Guide, Section 10.)
 - (e) Your name, address, and Hawaii Withholding Identification Number.
3. Give copies B and C to the employee on or before January 31 following the calendar year, or on the day the last payment of wages is made if his or her employment is terminated before the close of such calendar year.
4. Forward Copy A to the Hawaii State Tax Collector in accordance with the instruction printed on Form HW-3, Employer's Return and Reconciliation of Hawaii Income Tax Withheld From Wages.
5. For further information, see Booklet A — Employer's Tax Guide.

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COPY B — To Be Filed With Employee's Tax Return

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

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EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number		EMPLOYEE: This is not a tax return, but must be filed with your Hawaii Income Tax Return for 1997. See reverse side of this copy & Copy C for Instructions. FORM HW-2

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NOTICE TO EMPLOYEE:

This statement is important. It must be filed with your Hawaii Income Tax Return for 1997. If your social security number, name, or address is stated incorrectly, correct the information on this copy and notify your employer.

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COPY C — For Employee's Records

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

		<input type="checkbox"/> Corrected
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EMPLOYER'S Name, Address, & Hawaii Withholding Identification Number		EMPLOYEE: This is your receipt for your Hawaii Income Tax withheld. DO NOT LOSE THIS STATEMENT. FORM HW-2

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Social Security Number:

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INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1997 required to be filed on or before April 20, 1998, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

INSTRUCTIONS TO EMPLOYEE:

This is your receipt for your Hawaii income tax withheld. You should keep it for use in preparing your Hawaii Income Tax Return for the year 1997 required to be filed on or before April 20, 1998, and as evidence of tax withheld.

DO NOT LOSE THIS STATEMENT

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COPY D — For Employer

EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

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EMPLOYEE'S Name, Address, and ZIP code

Social Security Number:

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